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Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

07-01 , 2009, and ending

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

, 20 10

06-30

ь (Check if ap	plicable	~	C Name of organization		D Employ	er iden	tification number
,	Address c	nange	Please use IRS	Fairfield Rotary Club Foundation, In		06-	60795	44
1	Name cha	nge	label or	Number and street (or P O box, if mail is not delivered to street address)	Room/suit	e E Teleph	one nun	nber
1	nitial retur	n	print or type.					
1	rerminated	1	See Specific	P.O. Box 411		(20	3) 259	-1655
,	Amended i	retum	Instruc	City or town, state or country, and ZIP + 4		F Group	Exempti	on
	Application		tions.	Fairfield, CT 06824	_	Numbe		
			organiz	zations and 4947(a)(1) nonexempt charitable trusts must attach	1 0	Accounting Me		Cash X Accrual
		(-,,-,		npleted Schedule A (Form 990 or 990-EZ).		Other (specify)		Caon Mir tootaar
	- "							rganization is not
	Nebsite	. •			'	·		
			hock on	h one) V 501(a) (3) 4 (months) 4047(a)(4) as 1	507	•		edule B (Form 990,
_	Check				527	990-EZ, or 990		005 000 4
				ion is not a section 509(a)(3) supporting organization and its gross				an \$25,000 A
				urn is not required, but if the organization chooses to file a return, b				
_				ne 9 to determine gross receipts, if \$500,000 or more, file Form 990				100,584
P	nt 📳			<u>penses, and Changes in Net Assets or Fund Balan</u>	nces	(See the instruction	ons for f	
	1		-	grants, and similar amounts received • • • • • • • • • • • • • • • • • • •	• • • • •		1	7,236
	2	Program ser	vice rev	renue including government fees and contracts • • • • • • • •	• • • • •	• • • • • • •	2	
	3	Membership	dues a	nd assessments · · · · · · · · · · · · · · · · · · ·	• • • • •		3	
	4	Investment (ncome	••••••			4	13,438
	5a	Gross amou	nt from	sale of assets other than inventory · · · · · · · · 5a				
	b	Less cost or	r other t	pasis and sales expenses · · · · · · · · · 5b				
R	С	Gain or (loss	s) from s	sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
6 6	6			ues (complete applicable parts of Schedule G) If any amount is from garning, cl	heck here	▶ □	100 mg/s	
ě	а	Gross reven						
n	1	reported on	line 1)			79,910	7	
ē	ь	Less direct	expense	es other than fundraising expanses (6b	1	48,990	ALE.	
Ş	С	Net income	or (loss)	from special events and activities (Subtlact line 6b from line 6a)			6c	30,920
\$				ntory, less returns and allowances 7a	ı		2000	
		Less cost of		1-1	1			
	l .		-		<u> </u>		7c	
	8	Other reveni		160		```	8	
	9		•	lines 1, 2, 3, 4, 5c, 6c, Goldan N. J. T			9	51,594
_	10			imounts paid (attach schedule)		STM122	10	51,407
	11			, ,		SIMIZZ		31,407
Ę_	12			or members			11	
Х Р	1			pensation, and employee benefits			-12-	
e	13			nd other payments to independent contractors - · · · · · · · · · · · · · · · · · ·	• • • • •		13	
s	14			lities, and maintenance	• • • • •		14	
9 5	15	• • •		s, postage, and shipping	• • • • •		15	
	16	-		scribe STM130)	16	571
	17			dd lines 10 through 16 · · · · · · · · · · · · · · · · · ·			17	51,978
Α	18			or the year (Subtract line 17 from line 9)			18	(384)
NS S	19			palances at beginning of year (from line 27, column (A)) (must agree				
				eported on prior year's return)			19	568,457
t t t	20	Other chang	jes in ne	et assets or fund balances (attach explanation)	• • • •	STM104	20	11,726
_	21			palances at end of year Combine lines 18 through 20 · · · · ·			21	579,799
P	art II	Balance	e She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more	e, file Fo	rm 990 instead of	Form 9	90-EZ
				(See the instructions for Part II)		(A) Beginning of year	г Т	(B) End of year
22				ments · · · · · · · · · · · · · · · · · · ·		609,	16 22	616,585
23	Land	and buildings	s • • •	• • • • • • • • • • • • • • • • • • • •	•• [23	
24	Othe	r assets (desc	cribe 🕨	STM131) [24	3,560
25	Total	assets • •			7. ∣	609,	16 25	620,145
26	Total	liabilities (de	escribe	▶ STM132) t	41,2	259 26	40,346
27	Net a	ssets or fund	d baland	ces (line 27 of column (B) must agree with line 21)	. .	568,4	157 27	579,799
Foi				Reduction Act Notice, see the separate instructions.	EE/			Form 990-EZ (2009)

Form	990-EZ (2009) Fairfield Rotary Club Foundation, In 06-6079	544	P	age 3
Pai	Other Information (Note the statement requirements in the instructions for Part V)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	- 33		_X_
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	- 34		<u>X</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	14.	3,00	
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	10 7, 11	اً المستقطعة المستقط	· :
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	· 35a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	· 35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Schedule N	1 20	'	
37 a	during the year? If "Yes," complete applicable parts of Schedule N - · · · · · · · · · · · · · · · · · ·	36	u (* 1 ₀ 2	X
	Did the organization file Form 1120-POL for this year?	- 37b	المأرتك	12 m ≥ 1
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/0	1,877,77	X
55 a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	• 38a	in the	433
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	74.0	2 \$ 2 \$	X
39	Section 501(c)(7) organizations Enter	777	2-6 / 1-29 - 5	1
	Initiation fees and capital contributions included on line 9 • • • • • • • • • • • • • • • • • •	力是		
	Gross receipts, included on line 9, for public use of club facilities 39b	7. T. S.	The state of	3:30 T
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	2.		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		1	1
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	- 40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			100
	organization managers or disqualified persons during the year under sections 4912,	1		
	4955, and 4958 • • • • • • • • • • • • • • • • • • •	_		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	17.2	المنتقلد	38. 38
44	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed CT The organization's books are in care of Richard J Huber, Treas. Telephone no 203-	-259-1	65 E	
42 a		824	655	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	 	X
	If "Yes," enter the name of the foreign country	13/3	يَّ دَوْجِهُن	377
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	- 100 km	i di	
	and Financial Accounts.	7,1		1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country		-	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		• • •	•
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · • • 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1:	ن تعدد
	Form 990-EZ	44	<u> </u>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			و قع
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u></u>	X
	EEA	Form 9	90-EZ	(2009)

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 46 X X Advanced to public office? If "Yes", complete Schedule C, Part II 47 X X B to department on department on the programment of the companies of	Part	501(c)(3) organizations and section 4947(a)	and section 4947(a)(1 (1) nonexempt charitable tru) nonexempt ch sts must answer que	naritable trusts only. strons 46-49b	All sectio	n	
candidates for public office? If "Yes," complete Schedule C, Part II	AC .	and complete the tables for lines 50 and 51	disal sampains activities as	habalf of an analysis	A			
17 Did the organization engage in lobbying activities? If Yes," complete Schedule C, Part II		•	· -	• • •		<u> </u>	Yes	
### It be organization as described in section 170(b)(1)(A)(ii)? If "res," complete Schedule E ### All								
93 a Did the organization make any transfers to an exempt non-chantable related organization? 489 X					• • • • • • • • • • • • • • • • • • • •	<u> </u>		
b If Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (e) Name and address of each employee paid more house property between the position of the positi				· ·	• • • • • • • • • • • • • • • • • • • •	<u> </u>		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, fursities and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None." (b) Name and address of each employee paid more than \$100,000 of compensation devoted to position than \$100,000 of compensation to the railwarances devoted to position. f Total number of other employees paid over \$100,000 ▶ 15 Complete this table for the organization if there is none, enter "None." (b) Name and address of each independent contractors are the singless compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (c) Name and address of each independent contractors each receiving over \$100,000. (d) Name and address of each independent contractors each receiving over \$100,000. (e) Type of service. (e) Compensation. (e) Compensation. (f) Compensation. (e) Compensation. (f) Compensation. (e) Compensation. (f) Compensation. (g) Compensation. (g) Compensation. (g) Compensation. (g) Compensation. (g) Compensation. (g) Name and address of each independent contractors each receiving over \$100,000. (g) Name and address of each independent contractors each receiving over \$100,000. (g) Name and address of each independent contractors each receiving over \$100,000. (e) Type of service. (g) Compensation. (g) Compensati			· ·			-		X
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f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Compensation			hours per week	(c) Compensation	employee benefit plans &	acco	unt and	s
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(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Independent contractors each receiving over \$100,000 Under pinalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and self-till it is true, correct, and complety Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signalure Signalure of officer Check if self-employed Preparer's					cii reocived more man			
d Total number of other independent contractors each receiving over \$100,000 Sign Under physics of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complety Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer AUCHAD Type or print name and title Preparer's Use Only Bate Check if self-employed aginature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no			ranoro io none, cinci mone					
Total number of other independent contractors each receiving over \$100,000 Sign Under phalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and desert, it is true, cyrect, after complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Which The Check if Signature of officer ACHARD HABIER, THEAS: Preparer's Use Only Type or pmrt name and title Date Check if Signature Preparer's Identifying No (See inst.) Phone no Phone no		(a) Name and address of each independent contractor pair	d more than \$100,000	(b) Тур	pe of service	(c) Comper	sation	
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	NONE							
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer							,	
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Sign Here Signature of officer	d	Total number of other independent contractors each	h receiving over \$100,000	••••				
Paid signature self-employed Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no	Sign	and deflet, it is true, correct, and complete Declar Signature of officer KICHARD J. HU	kamined this return, including accommand of preparer (other than officer) A THE ASTER THE ASTER	panying schedules and sta is based on all information	n of which preparer has any knowled $05/07/20$	owledge edge		
Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no	Paid		!	1	self-	entifying No	(See ins	st)
Phone no	-	Only if self-employed),			EIN ►		-	
		address, and ZIP + 4			Phone no			
	May t	the IRS discuss this return with the preparer shown a	above? See instructions •		• • • • • • • • • • • •	Yes	-	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public

		organization old Rotary Club	Foundation.	In						dentification n 079544	umber		
Par				Status (All organiza	ations must	complete	this part)	See instru					
				se it is (For lines 1 thro									
1	,	A church, convention	of churches, or as	sociation of churches de	escribed in	section 1	70(b)(1)(A)	(i).					
2				(A)(ii). (Attach Schedule									
3		A hospital or a coope	erative hospital serv	rice organization describ	oed in sect	ion 170(b)	(1)(A)(iii).						
4	_	A medical research of	organization operati	ed in conjunction with a	hospital de	escribed in	section 1	70(b)(1)(A)	(iii). Enter	the hospita	al's nam	e,	
		city, and state											
5		An organization oper section 170(b)(1)(A)		of a college or universit t II)	ty owned o	r operated	by a gove	rnmental ι	ınıt descrit	oed in			
6			=	governmental unit desci		-							
7	X,	An organization that described in section		a substantial part of its s complete Part II)	support fror	n a govern	mental un	it or from ti	he general	public			
8	-			170(b)(1)(A)(vi). (Compl	lete Part II)							
9		An organization that	normally receives:	(1) more than 33 1/3% of	of its suppo	ort from co	ntributions	, members	hip fees, a	and gross			
		receipts from activitie	es related to its exe	mpt functions - subject t	to certain e	exceptions,	and (2) no	more tha	n 33 1/3%	of its			
		support from gross ii	nvestment income a	and unrelated business	taxable inc	ome (less	section 51	1 tax) from	n business	es			
		acquired by the orga	ınızatıon after June	30, 1975 See section 8	509(a)(2). (Complete	Part III)						
10			•	d exclusively to test for p		•	•						
11		-	•	d exclusively for the ben					•				
				rted organizations desc				•		section			
		· · · · · · · · · · · · · · · · · · ·		the type of supporting of	_~		-	•	gn 11h.		ı Oıbaa		
_		a Type I	b Type	ganization is not contro	Type III-				ِ D مصناطانات ما	Type II	I-Otner		
9				rs and other than one or						section			
		509(a)(1) or section		s and other than one or	more pub	iiciy suppo	iteu oigaii	izations de	SCHDEU III	Section			
f				termination from the IRS	S that it is a	Tyne I T	vnell or T	vne III sun	norting				
		organization, check			• • • •								
g		•		ation accepted any gift of	or contribu	tion from a	iny of the						-
		following persons?	-	, , ,			•						
		(i) A person who	tirectly or indirectly	controls, either alone or	together v	vith persor	s describe	ed in (ii)				Yes	No
		and (III) below,	the governing body	of the supported organ	ızatıon?				• • • •		11g(i)		
		(ii) A family memb	er of a person desc	ribed in (i) above? ••					• • • • •	• • • •	11g(ii)		
		(iii) A 35% controlle	ed entity of a persoi	n described in (i) or (ii) a	above? •	• • • • •	• • • • •	• • • • •	• • • • •	• • • •	11g(iii)		
h		Provide the following	g information about	the supported organiza	tion(s)								
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)		organization sted in your — document?	(v) Did you the organ col (i) sup	zation in	organizati (i) organiz	on in col		Amount	of
				(, ,	Yes	No	Yes	No	Yes	No			
					1		T						
					<u> </u>								
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				era magaanaraa erre	7 3 72 10 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	15-24-20-0			A Proper Tolk				
Tota	l						營工						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") • • • • •	52,803	46,965	33,411	29,394	7,236	169,809
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·	52,803	46,965	33,411	29,394	7,236	169,809
5	The portion of total contributions by each		HAS ZOZE			WEST LOST	
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount			Angling Sang			
	shown on line 11, column (f) - · · · ·					MANE I	
6	Public support. Subtract line 5 from In 4	The second of the second	PERTURNAL T				169,809
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · ·	52,803	46,965	33,411	29,394	7,236	169,809
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,909	30,670	39,915	19,315	13,438	128,247
9	Net income from unrelated business activities, whether or not the business is regularly carried on •••••••••						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 •	位。阿勒德斯	and Market Comme	NATIONAL CONTRACT	VSA TONICE		298,056
12	Gross receipts from related activities, etc. ((see instructions)				12	306,817
13	First five years. If the Form 990 is for the organization, check this box and stop here			th, or fifth tax year			
<u>Sec</u>	tion C. Computation of Public Su			·		· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (line 6,	• • •	•	ı (f))	• • • • • • • •		56.97 %
15	Public support percentage from 2008 Sche			• • • • • • • •	• • • • • • • •	15	64.04 %
16a	33 1/3% support test - 2009. If the organization			, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies a		•				• • • • • × × ×
-b	33 1/3% support test - 2008. If the organization				s 33 1/3% or more	, check this	
	box and stop here. The organization qualit					• • • • • • • •	• • • • •
17a	10%-facts-and-circumstances test - 2009.						
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						• • • • • •
.p	10%-facts-and-circumstances test - 2008.						
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						· · · · · • • • • • • • • • • • • • • •
18	Private foundation. If the organization did						•••••

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

	(Complete only if you checked the	00x 011 11110 0 01 1 1	unt 1 /				
	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·	·	
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • • •						
C	Add lines 7a and 7b · · · · · · · ·		_				
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006 ⁻	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 • • • • • • • • •						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						
Sec	ction C. Computation of Public Su					T	
15	Public support percentage for 2009 (line 8, o	, ,	•		• • • • • • • • •	15	9
16	Public support percentage from 2008 Sched	lule A, Part III, line	15			16	9
Se	ction D. Computation of Investme					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009 (line		•	* * * *	• • • • • • • •	17	
18	Investment income percentage from 2008 S	chedule A, Part III,	, line 17 • • • • •		• • • • • • • •	18	9
19a	33 1/3% support tests - 2009. If the organization of the support tests - 2009, if the organization is not more than 33 1/3%, check this box						• • • • • •
	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pub	licly supported org	ganization • •	
20	Private Foundation: If the organization did	тог спеск а вох оп	inne 14, 19a, or 19	D, CNECK THIS DOX 8	ma see instruction	15	• • • • • •

Rotary Club Foundation, Inc. Attachments to Form 990EZ YE June 30, 2010 06-6079544

Part I

· aiti	
Line 1-Contributions, gifts, grants, etc.:	
Contributions, gifts and bequests	3,336
From Associated Organization-	
The Fairfield Rotary Club	2,000
Raffles	1,900
	7,236
Line 4-Investment Income:	
Interest Income	4
Dividend Income	<u> 13,434</u>
	13,438

Line 6-Special Events & Activities:

Special Event	1 Zanzibar Dinner	2 Celebrity Lunch	3 Golf Tourney	4 India Project	5 Ramp Signs	Totals
Gross receipts	1,850	41,959	15,660	5,941	14,500	79,910
Less: Contributions on Line 1	0		0		0	0
Gross Revenue	1,850	41,959	15,660	5,941	14,500	79,910
Less: Direct Expenses	0	(12,148)	(14,004)	(5,941)	(16,897)	(48,990)
Net Income or (Loss)	1,850	29,811	1,656	0	(2,397)	30,920

Part II- Balance Sheet		
	Begin	Ending
Line 24-Other Assets	_	_
Accounts Receivable	30,000	3,560_
Line 26-Total Liabilities;		
Accounts payable	10,010	8,860
Scholarships Payable	31,063	31,283
Defibulator Funds Payable	186_	203
	41,259	40,346

Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	Employer Identification Number
Fairfield Rotary Club Foundation, In	06-6079544

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Statement #130

Description	Amount
Bank Charges	56
Office Expense & Postage	415
State Filing fee	100
Total	571

Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	Employer Identification Number
Fairfield Rotary Club Foundation, In	06-6079544

Form 990EZ, Part I, Line 20 Other Changes in Net Assets Schedule

Statement #104

Description				Amount
Unrealized	Gain	in	Value-Portfolio	<u>11,</u> 726
Total				11,726

	Federal Supporting Statements	2009 PG 01
ame(s) as shown on return		Employer Identification Number
airfield Rotary Clu	D roundation, in	06-6079544
E	Form 990EZ, Part II, Line 24 Other Assets Schedule 3	Statement #131
escription ccounts Receivable	Beginning of Year	End of Year
ccounts Receivable		3,560
otal		3,560
	,	
•		
	•	

Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	Employer Identification Number
Fairfield Rotary Club Foundation, In	06-6079544

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3 Statement #132

	Beginning	
Description	of Year	End of Year
See Schedule attached	41,259	40,346

Total 41,259 40,346

Fairfield Rotary Club Foundation Statement of Organization's Primary Exempt Purpose 06-6079544 YE June 30, 2010

Form 990EZ; Part III

Statement of Organization's Primary Exempt Purpose

The Fairfield Rotary Club Foundation is an organization operated exclusively for the charitable and educational purposes consistent with IRS Code 501 (c) (3). This includes, but is not limited to, activities that are consistent with the goals of Rotary International and its foundation of placing service above self.

-	

	Federal Supporting State	ements	2009 PG 01
Name(s) as shown on	return		Employer Identification Number
<u>Fairfield</u>	Rotary Club Foundation, In		06-6079544
•	Form 990EZ, Part I, Line Grants and Similar Amounts Paid		Statement #122
Activity	Grants Paid	<u>Amount</u> 20,000	Relationship
Grantee	See Attached Detail	20,000	none
Address			
Activity	Scholarships Paid	21,900	none
Grantee Address	See Attached Detail	_ ,	
Activity	Polio Plus-International effort	9,507	none
Grantee	Rotary International	3,301	110119
Address	-		
	Total	51,407	

Rotary Club Foundation, Inc. Attachments to Form 990EZ YE June 30, 2010 06-6079544

Part III

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Classification	Donee's Name	Donee's Relationship	Amount
28 Scholarships paid directly to Universities (scheduled)	see schedule	none	21,900
29 Social/Education Area Agencies and area High Schools for Art Programs (scheduled)	see schedule	none	20,000
30 Rotary International Programs	Rotary International One Rotray Center	none	9,507

51,407

1560 Sherman Ave.

Evanston, IL 60201

Rotary Club Foundation, Inc. Attachments to Form 990EZ YE June 30, 2010 06-6079544

Part III; 28 to 30 Explanation

The Fairfield Rotary Foundation awards scholarships in the amount of \$3,000 each to high school seniors who have demonstrated an outstanding commitment to community service and exemplify the Rotary motto, "Service Above Self." Scholastic achievement and financial need are also considered in making this award.

To be eligible, a student must be a senior in good standing of a Fairfield secondary school, a Bridgeport secondary school, or Joel Barlow High School. Seniors who live in Fairfield, Bridgeport, Easton or Redding but attend high schools outside of those towns are also eligible. The student should be planning to attend a four-year college, a two year college or a post secondary trade or vocational/ technical school with a program of study of one year or longer. Immediate relatives of Rotarians are not eligible for this schoolss.

The Foundation gives grants to other non profit organizations to help meet their exempt purposes. During this year the Foundation made twenty grants to various organizations.

The Fairfield Rotary Club is a member of Rotary International, an organization of business and professional people worldwide, dedicated to humanitarian service and international understanding. RI sponsors many humanitarian and charitable projects from free medical care to third world nations; digging water wells in villages in India; a Polio Plus program the intent of which is to eradicate polio worldwide in our lifetme, and many other

Rotary Club Foundation, Inc. Attachments to Form 990EZ YE June 03, 2010 06-6079544

Part III: 28 to 30

Scholarships awarded and paid directly to various fin	ıancial
institutions:	

institutions:	
St. Francis University	3,000
University of Connecticut	3,000
Keene State College	3,000
Quinnipiac University	3,000
Wesleyan University	3,000
Fairfield University	3,000
Providence College	3,000
4 Way Test Awards	900
	21,900
Social/Education area agencies and area High Schools	
for Art Programs and International projects:	
Council for Children	300
Mercy Learning Center	1,500
Community Closet	1,000
CLASP Homes	1,000
Bridgeport Rescue Mission	1,000
Operation Hope	1,300
Council of Churches	1,500
Black Rock Food Pantry	600
Albert Schweitzer Hospital-Haiti	1,500
Fairfield Museum & History Center	1,000
Follies Foundation, Inc.	1,000
Caroline House	1,500
Special Olympics	600
Covenant to Care	600
International Institute of Conn	1,000
Bridge House	800
Bridgeport Child Advocacy	500
Burroughs Community Chest	900
Norma Pfriem Breast Care Center	900
Pilot House Special Needs Foundation	1,500 20,000
	20,000
Contributions toward Rotary International Programs	9,507
TOTAL	51,407

	Federal Supporting Statements	2009 PG01
Name(s) aş shown on retum		Employer Identification Number
Fairfield Rotary Club	Foundation, In	06-6079544

Form 990EZ, Part IV Compensation Explanation

Statement #A01

name

See Attached Schedule PART IV

Explanation

All officers and Trustees serve without any form of compensation. There is no deferred compenation or expense account allowances. Officers may spend an estimated 1.00 hour per week on Foundation business determined on an annual basis.

Fairfield Rotary Club Foundation, Inc. Officers and Trustees
July 01, 2009 to June 30, 2010

Form 990 EZ-Part IV:

Walter Leask, Pres 23 Greystone Shelton, CT

Timothy Russell, Secretary 54 Toddy Hill Road Sandy Hook, CT

Henry French 1036 North Benson Road Fairfield, CT

Douglas Williams 59 Delaware Road Easton, CT

Peter Penczer 657 Merwins Lane Fairfield, CT

OFFICERS

Marjie Tracy, Vice Pres. 12 Crestwood Lane Easton, CT

Richard J. Huber, Treas 5 Carlton Street Fairfiled, CT 06824

TRUSTEES

Renato Gasperian 888 Gilbert Highway Fairfield, CT

Paul Barnes 1681 Fairfield Beach Rd Fairfield, CT

Fairfield Rotary Club Foundation Statement of Organization's Public Support Information 06-6079544 YE June 30, 2010

Form Schedule A; Section C; Lines 17a and 17b: 990EZ; Part II

Statement of Organization's Public Support Information

Line 17a-10% Facts-and-Circumstances Test-2009

The Fairfield Rotary Club Foundation is an organization operated exclusively for the charitable and educational purposes consistent with IRS Code 501 (c) (3). This includes, but is not limited to, activities that are consistent with the goals of Rotary International and its foundation of placing service above self.

The Fairfield Rotary Club Foundation, Inc. maintains a continuous and bona fide program for solicitation of funds from the general public, community, Fairfield Rotary Club membership group and other public charities by sponsoring an annual golf tournament and an annual celebrity luncheon. Solicitation of funds is also made by having members visit other Rotary Clubs to make them aware of the Foundation's public service projects and events and to request their support.

The Fairfield Rotary Club Foundation, Inc. has a governing body which represents the broad interests of the public and the Foundation provides partial funding of services for the general public on a continuing basis by providing grants to other 501 (c)(3) public organizations in the surrounding communities.

Line 17b-10% Facts-and-Circumstances Test-2008

The Fairfield Rotary Club Foundation is an organization operated exclusively for the charitable and educational purposes consistent with IRS Code 501 (c) (3). This includes, but is not limited to, activities that are consistent with the goals of Rotary International and its foundation of placing service above self.

The Fairfield Rotary Club Foundation, Inc. maintains a continuous and bona fide program for solicitation of funds from the general public, community, Fairfield Rotary Club membership group and other public charities by sponsoring an annual golf tournament and an annual celebrity luncheon. Solicitation of funds is also made by having members visit other Rotary Clubs to make them aware of the Foundation's public service projects and events and to request their support.

The Fairfield Rotary Club Foundation, Inc. has a governing body which represents the broad interests of the public and the Foundation provides partial funding of services for the general public on a continuing basis by providing grants to other 501 (c)(3) public organizations in the surrounding communities.

Form 8	868 (Re	ev 4-2009)										Page 2	
If yo	ou are fil	ing for an Addi	tional (Not	Automatic	3-Month Ex	tension,	complete only	Part II a	nd check this bo	x		••••• X	
Note. (Only con	plete Part II if	you have al	ready been	granted an	automati	c 3-month exte	nsion on	a previously file	d Form 8868.			
If yo	ou are fil	ing for an Auto	matic 3-Mo	nth Extens	ion, comple	te only P	Part I (on page	1) _					
Part	:1];	Additional (Not Auto	omatic)	3-Month E	xtens	ion of Time	Only fil	e the original (no	copies neede	ed)		
Туре о	r	Name of Exempt Organization								Employer identification number			
print	Latitieic			Rotary Club Foundation, In						06-6079544			
File by the extended		Number, street, and room or suite no. If a P.O. box, see instructions							主流的第三人称单	For IRS use only			
due date for P.O. B			x 411	x 411						14 Eg			
filing the		City, town or pos	st office, state, and ZIP code For a foreign address, see instructions										
retum See Fairfie			eld, C	d, CT 06824									
		return to be fil	ed (File a s	eparate ap	plication for e	each retu	ırn)						
Form 990			Fo:	Form 990-PF						-A Form 6069			
Form 990-BL		L	Fo	Form 990-T (sec 401(a) or 408(a) trust)					Form 4720		Form 8870		
X Form 990-EZ			Fo	Form 990-T (trust other than above) Form 5227									
STOP	Do not	complete Part	II if you we	re not alrea	ady granted	an autor	natic 3-month	extensio	n on a previous	y filed Form 8	868.		
• The	books	are in the care	of ▶Ri	chard	J Hube	er Tr	eas						
• The books are in the care of $ ightharpoonup$ Richard J Huber Treas Telephone No ▶ 203-259-1655 FAX No ▶ 203-292-3441													
					ce of busines	s in the	United States,	check thi	s box · · ·			· · · · · >	
If th	is is for	a Group Returi	n, enter the	organizatio	n's four digit	Group E	Exemption Num	ber (GEI	٧)	If this is		•	
for the	whole g	roup, check th	s box ••	▶ ∏ If it i	s for part of t	he group	, check this bo	x>	and attach a	_			
		mes and ElNs											
4	reques	an additional	3-month ext	tension of t	ime until			05-	16,2011				
5 1	For cale	or calendar year , or other tax year beginning 07-01, 20 0 9 and ending 06-30, 20 10									, 20 1 0		
6	If this ta	s tax year is for less than 12 months, check reason Initial return Final return Change in accounting period											
7	State in	detail why you	need the ex	dension				-					
;	Due	to a cha	ange i	n the	accoun	ting	system	for	the Foun	dation	_		
									iling is				
•	-			-							_		
8a	If this ap	plication is for	Form 990-E	3L, 990-PF,	990-T, 4720), or 6069	9, enter the ten	tative tax	1				
1	less any nonrefundable credits. See instructions							8a	\$				
b	If this ap	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							264				
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any												
	amount	paid previously	with Form	8868						8b	\$		
C	Balance	lance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit											
,	with FT	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.								ns. 8c	\$		
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including a complete, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title Date													

EEA

Form 8868 (Rev 4-2009)